

**SUMMARIZED INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT**

DCSS 0260 (02/03/09)

☒ Original    ☐ Amended    ☐ Termination

Employee Name: Donald Duck

Employee Social Security Number: 999-99-9999

Please carefully review the support amounts listed below. The amount you were previously ordered to withhold for the above listed employee may have changed. There may be multiple withholding orders for this employee. Any withholding orders previously sent to you remain in effect, except where a specific Income Withholding Order/Notice for Support is enclosed with an "X" in the termination box.

The amount listed as "Total Monthly Deduction" is the total monthly payment that you must submit for all withholding orders issued for the employee by the local child support agency(ies). The maximum amount you withhold may not exceed 50% of the employee's net disposable earnings unless the court order specifies a higher percentage. The payment cycles provide the total amounts that must be submitted for each pay period, depending upon the wage payment schedule for your company.

Additional instructions are provided on the back of the Income Withholding Order/Notice for Support.

**MONTHLY DEDUCTIONS BY CASE**

DCSS Case Information	Court Case Number	Current Child Support	Past-due Child Support	Current Spousal Support	Past-due Spousal Support	Current Medical Support	Past-due Medical Support	Other	Total Due
1. Daisy Duck CSE CASE NUMBER: 2XXXXXXXXXXXXXXXXX	DF2XXXXX	82.00	20.50	0.00	0.00	0.00	0.00	0.00	102.50
2. Rosie Duck CSE CASE NUMBER: 3XXXXXXXXXXXXXXXXX	DF3XXXXX	273.00	175.00	0.00	0.00	0.00	0.00	0.00	448.00
3. CSE CASE NUMBER:									
4. CSE CASE NUMBER:									
5. CSE CASE NUMBER:									
6. CSE CASE NUMBER:									
7. CSE CASE NUMBER:									

**TOTAL MONTHLY DEDUCTION:**

\$ 127.03      per weekly pay period      \$ 275.25      per semimonthly pay period (twice a month)  
 \$ 254.07      per biweekly pay period (every two weeks)      \$ 550.50      per monthly pay period

**Summarized Income Withholding Order/Notice for Support Additional Page, if attached, includes the support amounts for any additional cases not included in this notice.**

## INCOME WITHHOLDING FOR SUPPORT

- ☒ ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)  
☐ ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT  
☐ TERMINATION of IWO

☐ AMENDED IWO

Date: 06/29/2011

☒ Child Support Enforcement (CSE) Agency ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

**NOTE:** If you receive this document from someone other than a State or Tribal Child Support Enforcement agency or a court, a copy of the underlying order that contains a provision authorizing income withholding must be attached. Or if under State law an attorney in that State, or if under Tribal law a Tribal legal representative, may issue an income withholding order, the attorney or Tribal legal representative must include a copy of the State or Tribal law authorizing the attorney or Tribal legal representative to issue an income withholding order.

State/Tribe/Territory CALIFORNIA  
COUNTY OF SAN DIEGO DEPARTMENT OF CHILD  
City/County/Dist./Tribe SUPPORT SERVICES  
Private Individual/Entity \_\_\_\_\_

Case Identifier 07309999999999

Order Identifier DF2XXXXX

Disneyland  
Employer/Income Withholder's Name  
1234 Main Street  
Employer/Income Withholder's Address  
Anaheim, CA 99999  
000XXX000XXX  
Employer/Income Withholder's Federal EIN

RE: Duck, Donald  
Employee/Obligor's Name (Last, First, MI)  
999-99-9999  
Employee/Obligor's Social Security Number (if known)  
Duck, Daisy  
Custodial Party/Obligee's Name (Last, First, MI)

Child's Name (Last, First, MI)	Child's Birth Date
Duck, Lilli	01/01/2001
_____	_____
_____	_____
_____	_____
_____	_____

**ORDER INFORMATION:** This document is based on the support or withholding order from CALIFORNIA.

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ <u>273.00</u>	Per <u>MONTH</u>	current child support	
\$ <u>175.00</u>	Per <u>MONTH</u>	past-due child support - Arrears greater than 12 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$ <u>0.00</u>	Per <u>MONTH</u>	current cash medical support	
\$ <u>0.00</u>	Per <u>MONTH</u>	past-due cash medical support	
\$ <u>0.00</u>	Per <u>MONTH</u>	current spousal support	
\$ <u>0.00</u>	Per <u>MONTH</u>	past-due spousal support	
\$ <u>0.00</u>	Per <u>MONTH</u>	other (must specify)	

for a total of \$ 448.00 per MONTH to be forwarded to the payee below.

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ <u>103.38</u>	per weekly pay period	\$ <u>224.00</u>	per semimonthly pay period (twice a month)
\$ <u>206.76</u>	per biweekly pay period (every two weeks)	\$ <u>448.00</u>	per monthly pay period

\$ \_\_\_\_\_ **ONE-TIME LUMP SUM PAYMENT** Do not stop any existing IWO unless you receive a termination order.

**REMITTANCE INFORMATION:** If the employee/obligator's principal place of employment is CALIFORNIA, you must begin withholding no later than the first pay period that occurs 10 days after the date of 06/29/2011. Send payment within 7 working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 50 % of disposable income for all orders. If the employee/obligor's principal place of employment is not CALIFORNIA, see the ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS for limitations on withholding, applicable time requirements and any allowable employer's fees.

Document Tracking Identifier \_\_\_\_\_

OMB 0970-0154

For EFT/EDI instructions, contact the EFT/EDI office at the website listed below. **If paying by check, make check payable to: CALIFORNIA STATE DISBURSEMENT UNIT**. Include this **Remittance Identifier** with payment: DF2XXXXX.  
**Send check to:** PO BOX 989067, WEST SACRAMENTO CA 95798-9067  
**FIPS code (if necessary):** 0600099

Signature (if required by State or Tribal law): \_\_\_\_\_  
Print Name: Case Manager  
Title of Issuing Official: Child Support Representative

☒ If checked, you are required to provide a copy of this form to the employee/obligor. If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy must be provided to the employee/obligor even if the box is not checked.

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### ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS

State-specific information may be viewed on the OCSE Employer Services website located at:  
<http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contacts.htm>

**Priority:** Withholding for support has priority over any other legal process under State law (or Tribal law if applicable) against the same income. If a Federal tax levy is in effect, please notify the contact person listed below.

**Combining Payments:** You may combine withheld amounts from more than one employee/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.

**Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.

**Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order/Notice against this employee/obligor and you are unable to fully honor all support Orders/Notices due to federal, State, or Tribal withholding limits, you must follow the State or Tribal law/procedure of the employee/obligor's principal place of employment. You must honor all Orders/Notices to the greatest extent possible, giving priority to current support before payment of any past-due support.

**Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. Contact the agency or person listed below to determine if you are required to withhold or if you have any questions about lump sum payments.

**Liability:** If you have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State or Tribal law/procedure.

See Contact Information on page 3.

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**Anti-discrimination:** You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of a child support withholding.

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**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment. Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes, Social Security taxes, statutory pension contributions and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the State, you may deduct a fee for administrative costs. The support amount and the fee may not exceed the limit indicated in this section.

Employee/Obligor's Name: Duck, Donald Case Identifier: 0730999999999  
Order Identifier: DF2XXXXX Employer's Name: Disneyland

**Arrears greater than 12 weeks?** If the *Order Information* does not indicate whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

For Tribal orders, you may not withhold more than the amount allowed under the law of the issuing Tribe. For Tribal employers who receive a State order, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State law, you may need to take into consideration the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Additional Information:**

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**NOTIFICATION OF TERMINATION OF EMPLOYMENT:** You must promptly notify the Child Support Enforcement agency and/or the person listed below by returning this form to the correspondence address if:

☐ This person has never worked for this employer.

☐ This person no longer works for this employer.

Please provide the following information for the terminated employee:

Termination date: \_\_\_\_\_ Last known phone number: \_\_\_\_\_

Last known home address: \_\_\_\_\_

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Date final payment made to the State Disbursement Unit or Tribal CSE agency: \_\_\_\_\_

Final payment amount: \_\_\_\_\_ New employer's name: \_\_\_\_\_

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New employer's address: \_\_\_\_\_

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**CONTACT INFORMATION**

**To employer:** If the employer/income withholder has any questions, contact California Department of Child Support Services by phone at (866) 901-3212, by fax at \_\_\_\_\_, by email or website at: <https://www.childsup-connect.ca.gov>.

Send termination notice and other correspondence to:

SAN DIEGO  
PO BOX 122031, SAN DIEGO CA 92112-2031

**To employee/obligor:** If the employee/obligor has any questions, contact Case Manager by phone at (866) 901-3212, by fax at (619) 236-4426, by email or website at: [webforms@sdcounty.ca.gov](mailto:webforms@sdcounty.ca.gov).

**IMPORTANT:** The person completing this form is advised that the information may be shared with the employee/obligor.

# INCOME WITHHOLDING FOR SUPPORT

- ☒ ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)  
☐ ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT  
☐ TERMINATION of IWO

☐ AMENDED IWO

Date: 06/29/2011

☒ Child Support Enforcement (CSE) Agency ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

**NOTE:** If you receive this document from someone other than a State or Tribal Child Support Enforcement agency or a court, a copy of the underlying order that contains a provision authorizing income withholding must be attached. Or if under State law an attorney in that State, or if under Tribal law a Tribal legal representative, may issue an income withholding order, the attorney or Tribal legal representative must include a copy of the State or Tribal law authorizing the attorney or Tribal legal representative to issue an income withholding order.

State/Tribe/Territory CALIFORNIA

Case Identifier 0730999000999

City/County/Dist./Tribe COUNTY OF SAN DIEGO DEPARTMENT OF CHILD SUPPORT SERVICES

Order Identifier DF3XXXXX

Private Individual/Entity \_\_\_\_\_

Disneyland

RE: Duck, Donald

Employer/Income Withholder's Name

Employee/Obligor's Name (Last, First, MI)

1234 Main Street

999-99-9999

Employer/Income Withholder's Address

Employee/Obligor's Social Security Number (if known)

Anaheim, CA 99999

Duck, Rosie

Custodial Party/Obligee's Name (Last, First, MI)

00XXX000XXX

Employer/Income Withholder's Federal EIN

Child's Name (Last, First, MI)

Child's Birth Date

Duck, Violet

02/02/2002

**ORDER INFORMATION:** This document is based on the support or withholding order from CALIFORNIA.

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 82.00 Per MONTH current child support

\$ 20.50 Per MONTH past-due child support - Arrears greater than 12 weeks? ☐ Yes ☐ No

\$ 0.00 Per MONTH current cash medical support

\$ 0.00 Per MONTH past-due cash medical support

\$ 0.00 Per MONTH current spousal support

\$ 0.00 Per MONTH past-due spousal support

\$ 0.00 Per MONTH other (must specify) \_\_\_\_\_

for a total of \$ 102.50 per MONTH to be forwarded to the payee below.

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ 23.65 per weekly pay period

\$ 51.25 per semimonthly pay period (twice a month)

\$ 47.30 per biweekly pay period (every two weeks)

\$ 102.50 per monthly pay period

\$ \_\_\_\_\_ **ONE-TIME LUMP SUM PAYMENT** Do not stop any existing IWO unless you receive a termination order.

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is CALIFORNIA

, you must begin withholding no later than the first pay period that occurs 10 days after the date of 06/29/2011.

Send payment within 7 working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 50 % of disposable income for all orders. If the employee/obligor's principal place of employment is not CALIFORNIA, see the ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS for limitations on withholding, applicable time requirements and any allowable employer's fees.

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**Send check to:** PO BOX 989067, WEST SACRAMENTO CA 95798-9067  
**FIPS code (if necessary):** 0600099

Signature (if required by State or Tribal law): \_\_\_\_\_  
Print Name: Case Manager  
Title of Issuing Official: Child Support Representative

☒ If checked, you are required to provide a copy of this form to the employee/obligor. If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy must be provided to the employee/obligor even if the box is not checked.

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**Liability:** If you have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State or Tribal law/procedure.

See Contact Information on page 3.

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**Anti-discrimination:** You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of a child support withholding.

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**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment. Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes, Social Security taxes, statutory pension contributions and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the State, you may deduct a fee for administrative costs. The support amount and the fee may not exceed the limit indicated in this section.

OMB Expiration Date - 10/31/2010. The OMB Expiration Date has no bearing on the termination date or validity of the income withholding order; it identifies the version of the form currently in use.

Employee/Obligor's Name: Duck, Donald Case Identifier: 0730999000999  
Order Identifier: DF3XXXXX Employer's Name: Disneyland

**Arrears greater than 12 weeks?** If the *Order Information* does not indicate whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

For Tribal orders, you may not withhold more than the amount allowed under the law of the issuing Tribe. For Tribal employers who receive a State order, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State law, you may need to take into consideration the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Additional Information:**

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**NOTIFICATION OF TERMINATION OF EMPLOYMENT:** You must promptly notify the Child Support Enforcement agency and/or the person listed below by returning this form to the correspondence address if:

- ☐ This person has never worked for this employer.  
☐ This person no longer works for this employer.

Please provide the following information for the terminated employee:

Termination date: \_\_\_\_\_ Last known phone number: \_\_\_\_\_

Last known home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date final payment made to the State Disbursement Unit or Tribal CSE agency: \_\_\_\_\_

Final payment amount: \_\_\_\_\_ New employer's name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New employer's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION**

**To employer:** If the employer/income withholder has any questions, contact California Department of Child Support Services by phone at (866) 901-3212, by fax at \_\_\_\_\_, by email or website at: <https://www.childsup-connect.ca.gov>.

Send termination notice and other correspondence to:

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**To employee/obligor:** If the employee/obligor has any questions, contact Case Manager by phone at (866) 901-3212, by fax at (619) 236-4426, by email or website at: [webforms@sdcounty.ca.gov](mailto:webforms@sdcounty.ca.gov).

**IMPORTANT:** The person completing this form is advised that the information may be shared with the employee/obligor.